



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 0 — 0 1 2</u>	2. STATE: South Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2000	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$ 80,093 b. FFY 2002 \$ 112,028	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 6 Supplement to Attachment 3.1-A, page 26 Attachment 4.19-B, page 26		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 6 Supplement to Attachment 3.1-A, page 2 Attachment 4.19-B, page 26	
10. SUBJECT OF AMENDMENT: To allow outpatient diabetes education, as a preventive health service, when delivered by an American Diabetes Association or South Dakota Department of Health recognized program.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Social Services Office of Medical Services 700 Governor's Drive Pierre, SD 57501-2291	
13. TYPED NAME: James W. Ellenbecker			
14. TITLE: Secretary			
15. DATE SUBMITTED: 12/21/2000			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 22, 2000		18. DATE APPROVED: 3/21/01	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2000		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David R. Selleck		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS: POSTMARK: December 21, 2000			

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

b. Skilled nursing facility services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

c. Intermediate care facility services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment.

SUPPLEMENT TO ATTACHMENT 3.1-A

13c. Preventive Services

Diabetes Self-Management Education is a preventive health service for persons diagnosed with diabetes. The training will increase the individual's understanding of diabetes progression and teach monitoring skills to prevent complications, disease progression, and disability.

Training content is based upon the American Diabetes Association and South Dakota Department of Health standards. Enrolled diabetes education training programs must be capable of offering instruction in each of the content areas as established by the American Diabetes Association and Department of Health standards. Examples include diabetes overview, nutrition, exercise and activity, foot care, skin care, dental care, medications, and additional other training content as established by the American Diabetes Association and the South Dakota Department of Health.

Limitations:

1. Outpatient diabetes self-management education will be reimbursable when delivered by an American Diabetes Association or South Dakota Department of Health recognized program and a claim is submitted by an enrolled provider.
2. Outpatient diabetes self-management education must be provided by a diabetes education team, that is certified or recognized by the American Diabetes Association or the South Dakota Department of Health. The teams must consist of licensed RN's and licensed dietitians to meet certification standards.
3. Coverage of outpatient diabetes self-management education requires a physician referral.
4. Outpatient diabetes self-management education is limited to ten hours of comprehensive education per lifetime and follow-up education sessions of two hours per year based upon assessment of need and documented physician order.
5. Outpatient diabetes self-management education includes group sessions, but must allow for direct face-to-face interaction between the educator and the patient, to provide opportunity for questions and personal application of learned skills.
6. Diabetes self-management education is not separately reimbursable when:
 - a. The individual is institutionalized and the training is not delivered in an outpatient setting.
 - b. The individual has already received the lifetime maximum hours of comprehensive diabetes education.
 - c. The individual receives this service in a FQHC or RHC.

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

13c. Preventive Services

Payments for Diabetes Self-Management Training will be made to the enrolled program, and are based on an hourly rate as determined by the lesser of the established Medicaid fee schedule, the established Medicare fee schedule, or the provider's usual and customary charges.

13d. Rehabilitation Services

1. Traumatic Brain Injury Unit. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.

2. Community Support Services Program. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.

3. Mental Health Rehabilitation Services. Payment will be prospective and based on reasonable and allowable cost following the Medicare program guidelines and principles.

TN # 00-012

SUPERSEDES

TN # 91-15

APPROVAL DATE 03/21/01

EFFECTIVE DATE 10/01/00

95-008